LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 8938000650I

Issued 11/03/89
Expires 05/03/90

ESTABLISHMENT

SINTEK SERVICE COMPANY
T9N R7E SEC 22
AMBERHILL ESTATE BLK 1 LOT 1
1ST ADDITION

FEES: Permit 013754 $150.00

Total $150.00

PERMITTEE LARRY SINTEK
6717 N 7TH ST
LINCOLN NE 68521

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

8938000065

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $150.00

FILE NO. _____

DATE: 11-2-89

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 9N ; Range 7E ; Section 27 ; Block 1 : Lot 1 : Addition Amber Hills Estate
   Street Address 788 Boone

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Distance to public sewer: 3 mi' ft. EXPERIMENTAL SYSTEM

Sintek Inv. Co.
Signature of Applicant (Owner or Lessee)

6710 No 7th Tin 68521
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/1/89 . Date Frwd. 11/6/89 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 11/6/89 . Date Frwd. 11/6/89 . ACTION: Approved ☐ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 11-6-89 . Date Frwd. 11-6-89 . ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL HAVE WELL PERMIT

Site Visits:
Date: 1/17/90 by: J. C. Hood
Date: 1-18-90 by: [illegible]
Date: _____ by: _____

EXPERIMENTAL PROVISIONAL *

INSTALLATION ~~FINAL~~ WRITTEN APPROVAL
Date: 1-18-90 By: Ron Mangen

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

* Did not have total depth of gravel recommended by Health Dept. drawing.

FORM 23-43

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

D

DATE: _____

FILE NO. _____

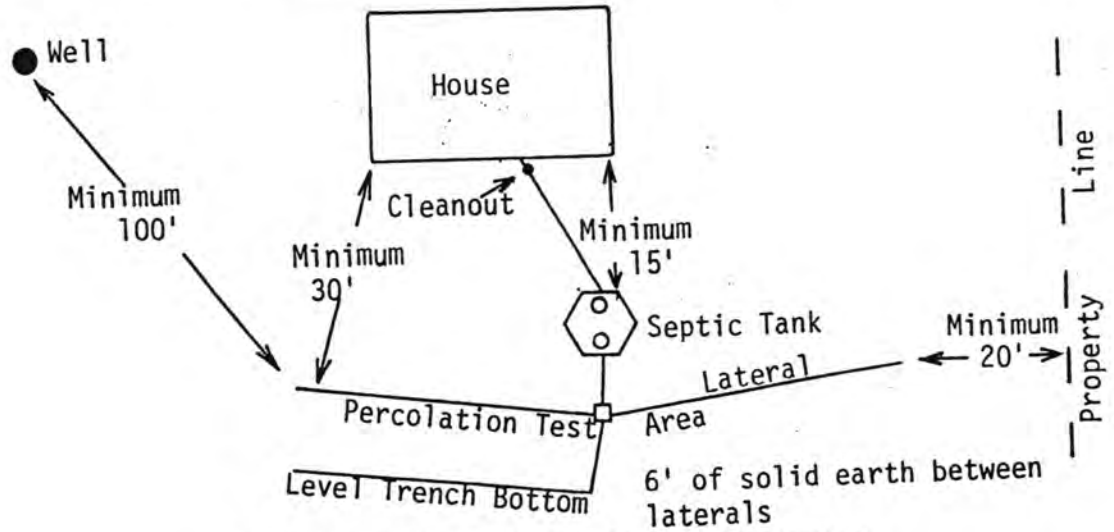
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Pla Sch 40; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 18 in.
3. Distance between dwelling and septic tank 29 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line 75 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line 20 ft.

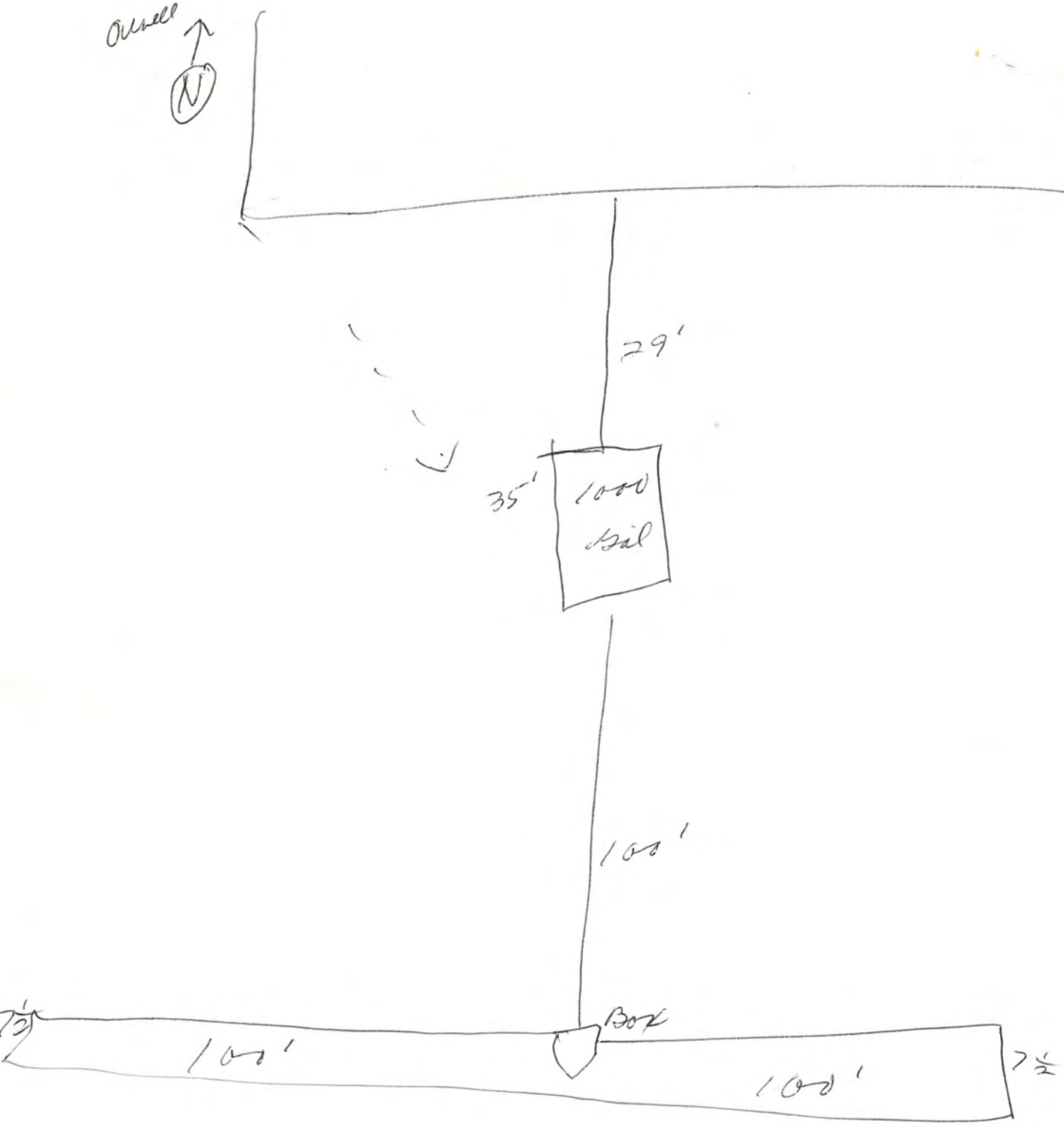
B. SEPTIC TANK:
1. Material Conc; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Precast)
4. Manholes: Over Inlet; diam. 24 in.
Over Outlet; diam. 24 in.
Riser Above ☐ Below ☐ Grade 24 in. Abandoned
5. Inlet: Baffle ☒; or Tee ☐
6. Outlet: Baffle ☒; or Tee ☐
7. Depth of top of tank below finished grade ____ in.
8. Distances to:
Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

C. DISTRIBUTION BOX:
1. Material Pla; Number - available outlets 3.
2. Factory Built: Yes ☒ No ☐
(Company Home Made)
3. Distance from Septic Tank ____ ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☒
Diameter of Half Round 4" or Perforated Pipe Yes.
Material: fiberglass ☐; plastic ☒; concrete ☐; other ____.
2. Lateral Lines:
Number ___; Length of each line 100, 100, ____, ____, ____ ft.;
Total length of laterals 200 ft.;
Distance between lateral lines 7 ft.
3. Trench dimensions: Width 7½ ft.; Slope none in/100 ft.; Average Depth 18 in.
4. Filter Material: Road Gravel
Depth of Material 12 in.
5. Distances to:
Well or Suction Line 150 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


Orwell
N
29'
35'
1000
Gal
100'
Box
7½
100'
100'
7½

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

WATER WELL

No. 8940J013701

Issued 11/01/89
Expires 05/01/90

ESTABLISHMENT

HARVEY MEIER
T9N R7E SEC 22
AMBERHILL ESTATE BLK 1 LOT 1
1ST ADDITION

FEES: Permit C19851 $75.00

Total $75.00

Issued By COUNTY HEALTH

PERMITTEE HARVEY MEIER
RR2DCR
LINCOLN NE 68506

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

8940000137

FORM: 20222-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN, NEBRASKA 68502
PHONE: 471-7800

FILING FEE $_____

FILE NO._____

DATE: _____

The undersigned hereby requests: Site Clearance and Permit to construct a new individual water well ☒ ; Permit existing well ☐ ; well repair or alteration involving opening of well ☐ ; in conformance with appropriate ordinance, as described herein:

1. Legal description of property: Twp. 9N : Range 7E : Section 22
   Block 1 : Lot 1 : Addition Amber Hill Estates 1st addition
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: 3000 Ft.
4. Intended use of well Household

Harvey L Meier
Signature of Applicant (owner or lessee)

Rt. 6 Lincoln, NE 68526
Address

84th S. of Hwy #2

7901 S. 78th

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 11/1/89. Date Frwd. 11/3/89. Action: Approved ☒ Disapproved ☐ Signature: Jerold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 11/3/89. Date Frwd. 11/3/89. Action: Approved ☐ Disapproved ☐ Signature: _____
3. City or County Engineers: Date Rec'd 11/3/89. Date Frwd. 11/3/89. Action: Approved ☒ Disapproved ☐ Signature: John D Murphy

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6/20/90 by J.C. Hood Depression around well.
Date: 9/5/90 by J.C. Hood Still depression
Date: 2/4/91 by J.C.H. FCM Overfilled
2/21/91 J.C.H. Ok.

Nitrate Level <0.1 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 2/26/91 By: J.C. Hood

Health Department copy: White
Engineers Copy: Light Green
Building Inspectors Copy: Light Blue

FORM 23-13

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. 894000013701

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN NE 68502
Phone: 471-7800

DATA SHEET FOR WATER WELLS

Amber Hills

Legal Description: Sec. 22 T. 9N R. 7E Block 1 Lot 1 Addition

Owner Harvey Meyer Address 78th & Boone Trail

LOG OF WELL	
	Description
Depth Ft. to	
0-50	grey/brn. c.
50-65	yell c.
65-120	blue c.
120-140	red, white & yell sh.
140-198	red, white & yell sh. w/ thin layers of SS
198-255	med fine light brn SS
255-272	med light yell SS
272-275	sh.
275-288	light tan med. coarse → coarse SS w/ L.S. bits

WELL COMPLETION RECORD

Drilling Method: Rot. Circ.

Depth (from ground level), Ft. 283

Date Completed 8-15-89

Casing: Length, Ft 263; Dia.In. 5

Wall Thickness, Inch 200; type PVC

Screen: Length, Ft. 20 Dia.In. 5

Type pvc slotted, slot Size .035

Drop Pipe: Length, Ft. Dia.In.

Water Level, Surface to top of water, Ft.:

Static 185, Pumping

Yield: 100+ gpm, Measured ☐ , Est. ☒

Chlorination Completed Yes ☐ No ☐

The above information including "Log of Well" is a true record of the job performed by me.

Driller Bill Meyer (Signed)

REMARKS NITRATE NITROGEN <0.1 ppm. BACTERIOLOGICAL O.K.

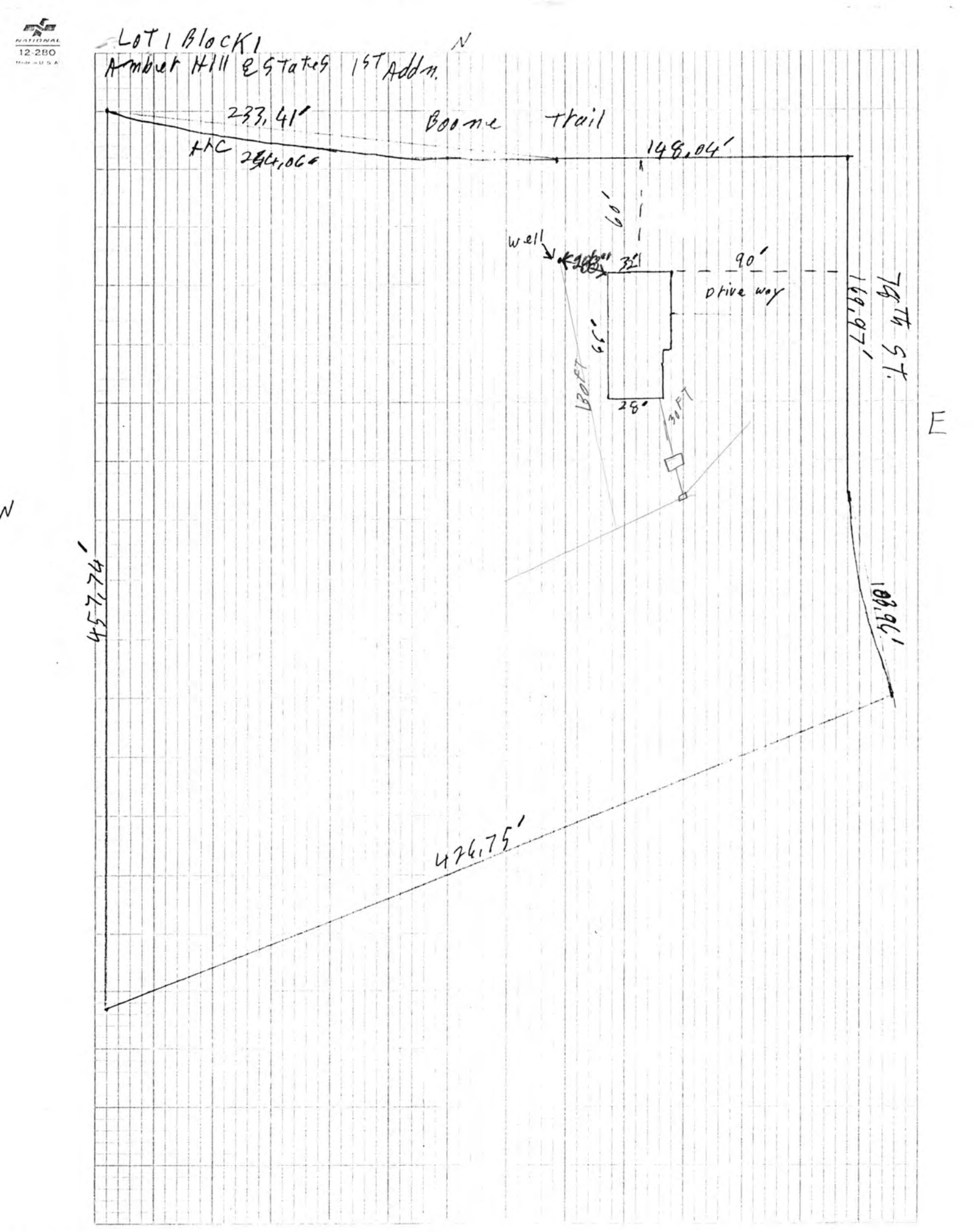
Address

Date 9-7-89

DO NOT WRITE BELOW THIS DOUBLE LINE

Health Department forwarded copy of record to Nebraska Conservation and Survey Department for Scientific Record ☒

FORM 23-4



NATIONAL
12-280
Made in U.S.A.

10 Squares to the Inch

0104160097
tdf

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☐ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

old 7 LCR 290.

Legal Description of Property: Street Address 7901 S. 78TH ST., Lincoln, NE 68516

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 9N Range 7E Section 22 1/4 ___ 1/4 ___ Block 1 Lot 1 Addition Ambuthill Estates 1st addition

Directions to Property Hwy 2 Turn S on 84th turn right going west on Ambuthill Ambuthill turns into 76th house on west # on top of mail box

Location of Well N.W side of house by doghouse Tap Location: Inside ☐ Outside ☒

Location of Sewage System South Side of house Year Installed 1991

Site Hazards (dogs, etc.) ____

	NAME	ADDRESS	PHONE
Present Owner: 894000137	Harvey Meier	13600 Sunshine Cir Bennet, NE 68317	402 782-2298 WK 488-2931 ext 7135
Tenant/Buyer:	Donald T. Lamb	7657 S. 39th Street Lincoln, NE 68516	
Return to: please Fax	Harvey Meier	13600 Sunshine Cir Bennet NE 68317	782-2298 486-7995 (Fax)

Signature of Applicant Harvey J Meier Address 13600 Sunshine Cir Bennet, NE 68317 Date 4/6/2001

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 04/06/01 Amount 200.00 Check No. CASH Initials ____

DATA ENTRY Date ____/____/____ Case No. ____ Initials ____

PRELIMINARY STATUS--By Jerrold C. Wood R.E.H.S. **DATE:** 4/9/01

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ 0.1 ppm	☐ ____ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ____/____/____ by ____

Date ____/____/____ by ____

Date ____/____/____ by ____

Comments: IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED.

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☒ Provisional Approval ☐

Approved by Jerrold C. Wood R.E.H.S. Date 4/16/01

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 9-00